

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Revised Form

July 19
 IOWA ETHICS AND
 CAMPAIGN DISCLOSURE BOARD
 2010 JUL 16 AM 11:47

COMMITTEE NAME (Must be same as on Statement of Organization)

Garbe for Treasurer

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
 (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Bruce Garbe

(GARBE)

Political Party (if applicable)

Democrat

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
 REPORT

For Office Use Only

Comm. #

18535

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Bruce Garbe

SIGNATURE OF PERSON FILING REPORT

712-274-1561

TELEPHONE

7/16/2010

DATE SIGNED

I AM FILING A

July 19, 2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

June 8, 2010

County & Local Committees, enter County in which Election is held

Woodbury

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

- 0 -

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

\$ 460.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

400.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1726.98

Schedule F: Loan Repayments total (Attach Schedule F)

- 0 -

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

- 0 -

**UNPAID BILLS (From Schedule D - Attach Schedule D)

- 0 -

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

- 0 -

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

- 0 -

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES 1 NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

- 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Harbe for Treasurer*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/23/10	ID# CK#	David + Elaine Noble 6998 Morningstar Ave Sioux City, Iowa 51106	Cousins	\$ 50.00	<input type="checkbox"/>
5/29/10	ID# CK#	James Boyd 3420 Pine Crest Ct Sioux City, Iowa 51106	Friend	\$ 250.00	<input type="checkbox"/>
5/31/10	ID# CK#	Marlin Hallin 6402 Morningstar Ave Sioux City, Iowa 51106	Friend	\$ 100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$ 400.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Herbe for Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#	<i>Mitographers Inc PO Box 84910 4720 4th Ave North Sioux Falls SD 57104</i>	<i>Yard Signs</i>	<i>\$ 489⁴⁷/₁₀₀</i>
	ID# CK#	<i>Market Custom Printing 3215 Gordon Dr Sioux City Iowa 51105</i>	<i>T Shirts</i>	<i>\$ 152⁹¹/₁₀₀</i>
	ID# CK#	<i>Signs By Tomorrow 4717 Southern Hills Dr Sioux City Iowa 51106</i>	<i>Stakes</i>	<i>\$ 64²⁰</i>
	ID# CK#	<i>Sioux City Journal 515 Rainier ST Sioux City Iowa</i>	<i>Picture Add.</i>	<i>\$ 76²⁰</i>
	ID# CK#	<i>Powell Broadcasting 2800 Indian Hills Dr Sioux City Iowa</i>	<i>Radio Add</i>	<i>\$ 258⁴⁰</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				<i>\$ 1726⁹⁸/₁₀₀</i>
TOTAL (if last page of this schedule)				<i>\$ 1726⁹⁸/₁₀₀</i>

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Arbe for Treasurer

Reset Form

SCHEDULE E (Rev. 06/87)	IN-KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4/11/10	Bruce Arbe 6400 Morningside Ave Sioux City Iowa 51106	Self	Mile 25	\$ 12.50	<input type="checkbox"/>
4/12/10	Same	"	Mile 30	\$ 15.00	<input type="checkbox"/>
4/17/10	Same	"	Mile 135	67.50	<input type="checkbox"/>
4/20/10	Same	"	Mile 38	19.00	<input type="checkbox"/>
4/24/10	Same	"	Mile 166	83.00	<input type="checkbox"/>
5/18/10	Same	"	Mile 50	25.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 222.00

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Harbe for Treasurer

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/22/10	Bruce Harbe 6400 Morningside Ave Sioux City Iowa 51106-5419	Self	Miles 116	\$ 58 ⁰⁰	<input type="checkbox"/>
5/29/10	Same	Self	Miles 82	41 ⁰⁰	<input type="checkbox"/>
5/30/10	Same	Self	Miles 50	25 ⁰⁰	<input type="checkbox"/>
6/2/10	Same	Self	Miles 128	64 ⁰⁰	<input type="checkbox"/>
6/3/10	Same	Self	Miles 198	99 ⁰⁰	<input type="checkbox"/>
6/4/10	Same	Self	Miles 98	49 ⁰⁰	<input type="checkbox"/>
6/5/10	Same	Self	Miles 83	41 ⁵⁰	<input type="checkbox"/>
6/8/10	Same	Self	Miles 61	30 ⁵⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 408⁰⁰TOTAL (if last
page of this
schedule) \$ 852⁰⁰

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(for Schedule E)